

IMPORTANT – READ CAREFULLY
INSTRUCTIONS FOR COMPLETING AND FILING A PROOF OF CLAIM
IN THE LIQUIDATION OF EMPLOYERS LIFE INSURANCE CORPORATION

1. On July 29, 2005, Employers Life Insurance Corporation (Employers Life) was determined to be insolvent and ordered liquidated by the Richland County Court of Common Pleas of South Carolina in case number 05-CP-40-02031.
2. To have a claim considered in this liquidation proceeding, this Proof of Claim must be completed in detail. Information provided must be either printed or typewritten. You should file a separate Proof of Claim for each claim that is known to you. Attach additional sheets as necessary for any response. It is important that full documentation for any claim be submitted. **IF YOU FAIL TO ADEQUATELY DESCRIBE AND DOCUMENT YOUR CLAIM, YOUR CLAIM MAY BE REJECTED OR DENIED.**
3. **FILING INFORMATION:**
 - a. You must complete and return this form even if your claim already has been filed with Employers Life.
 - b. Check the appropriate box, enter the amount claimed, and provide full documentation to support the claim.
 - c. If your claim is for a specific loss claim, you must provide an explanation of the loss being asserted. If your claim is for a loss that already has a claim number established by Employers Life, please include the claim number on your correspondence.
 - d. If your claim is for the return of unearned premium, you must submit all documentation evidencing proof of premium payment.
 - e. If your claim is for rent, services, supplies, legal services, adjustment services, equipment or any supplies, equipment and services provided to Employers Life, then provide a detailed description including dates of service, details of contract and an itemization of charges.
4. **THE PERSON FILING THIS PROOF OF CLAIM** (the Claimant) must fill in his/her Social Security or FEIN number, phone number, and must sign and date the Proof of Claim. Claims filed by corporations must be signed by an authorized representative of the company. If an attorney represents you in this matter, you must also provide your attorney's name and address in the space provided.
5. All written documents supporting your claim must be filed with your Proof of Claim. If such documents are lost or destroyed, a statement of that fact and the circumstances of such loss or destruction must be filed under oath.
6. **THE DEADLINE FOR FILING CLAIMS IS DECEMBER 31, 2005.** Timely filing of a Proof of Claim should not be construed to mean that a payment will be made.
7. **CHANGE OF ADDRESS:** If you move after sending in your Proof of Claim form, you are responsible for providing a current address. Failure to do so may result in your claim being barred from participating in any distribution of assets.
8. **THE COMPLETED PROOF OF CLAIM** form, properly signed and dated, should be mailed with supporting documentation to:

OFFICE OF THE LIQUIDATOR
EMPLOYERS LIFE INSURANCE CORPORATION IN LIQUIDATION
POST OFFICE BOX 5787
SPARTANBURG, SOUTH CAROLINA 29304

9. **GENERAL INFORMATION:** Your claim will be reviewed once it is returned to us. After all claims have been evaluated and approved by the Court, allowed claims will be paid by priority levels established under South Carolina law and to the extent the estate has available funds. We will not know the distribution percentage that can be paid on any individual claim until all claims are evaluated and all assets converted to cash. This process may take a number of years after the deadline for filing a Proof of Claim has passed, and we cannot state at this time whether any distribution of assets will be made on allowed claims. Please note that some policy claims under this insolvency are not covered by any state Insurance Guaranty Fund/Association. No claims inquiries under those policies should be directed to any state Insurance Guaranty Fund/Association.

FILING A PROOF OF CLAIM DOES NOT BY ITSELF GUARANTEE COVERAGE
OR ANY REFUND OF PREMIUM TO POLICYHOLDERS